

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000040848

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** LEGACY CAPITAL ENTERPRISE, INC.

**Current Principal Place of Business:**

7385 SW 123 TER.  
PINESCREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7385 SW 123 TER.  
PINESCREST, FL 33156

**New Mailing Address:**

FEI Number: 27-2561459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALVADE, FERNANDO  
7385 SW 123 TER.  
PINESCREST, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: SALVADE, FERNANDO  
Address: 7385 SW 123 TER.  
City-St-Zip: PINESCREST, FL 33156

Title: VPT  
Name: SALVADE, MARIA R  
Address: 7385 SW 123 TER.  
City-St-Zip: PINESCREST, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO A SALVADE

MR

01/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date